



PATIENT

Willow James

SPECIES

Canine

BREED

Coonhound

SEX

Female

AGE

9 years

WEIGHT

57 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Hobson

INVOICE

71838

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- Reason for Referral: Chronic intermittent urinary signs, recent increase in appetite and thirst, episodes of panting and urgency to go outside. Screen for abdominal mass, large adrenals indicating concern for Cushing's, and any concern for renal or urinary changes.
- Other History: History of allergies, patient is on Purina HA and Apoquel. History of increased appetite and thirst. Owner also reports vaginitis. Patient has lost some weight, from 57 lbs to 55 lbs. Owner reports she drinks excessively, will lick the floor, and then go back to drink more. She also licks things like the coffee table.
- MEDICATIONS: Apoquel 8mg PO SID, Movoflex, Credelio Quatro, Purina HA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 6.2 cm, right measured 7.0 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.44 cm in length x 0.6 cm and 0.53 cm in width. The right adrenal gland measured 2.15 cm in length x 0.38 cm and 0.46 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.8 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing a moderate amount of adhered and non-adhered hyperechogenic sediment with the adhered sediment arranged in an early stellate pattern. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Fecal material was present in the colon.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

A scant amount of ascites is present.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Emerging mucocele.
- Scant ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the ascites can be an incidental finding, underlying pathology should still be considered.

Further assessment (if not already done) would be urinalysis, CBC, serum biochemistry and survey thoracic radiographs.

Echocardiography could also be considered.

Specific therapy would be dependent on an etiological diagnosis.



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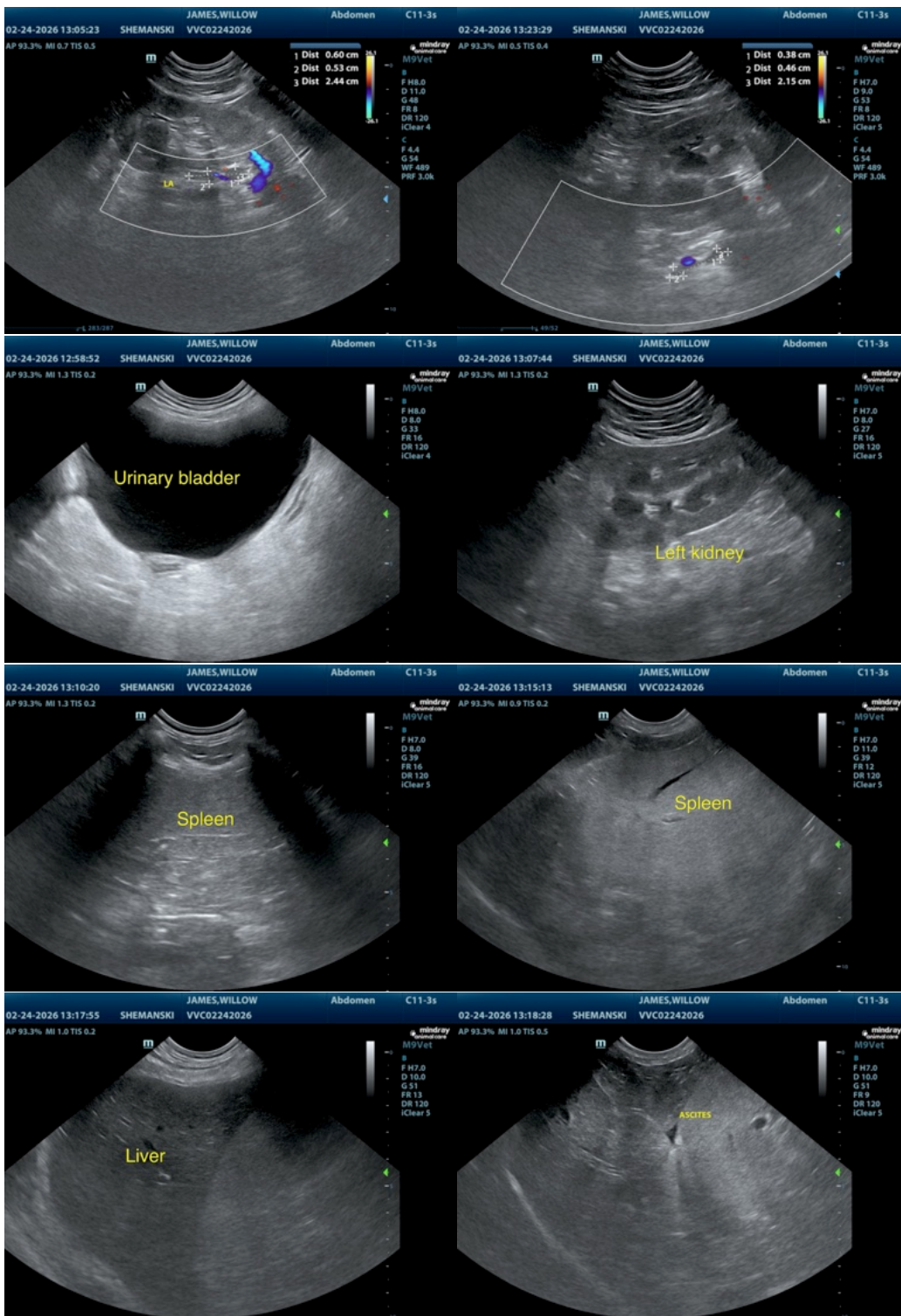
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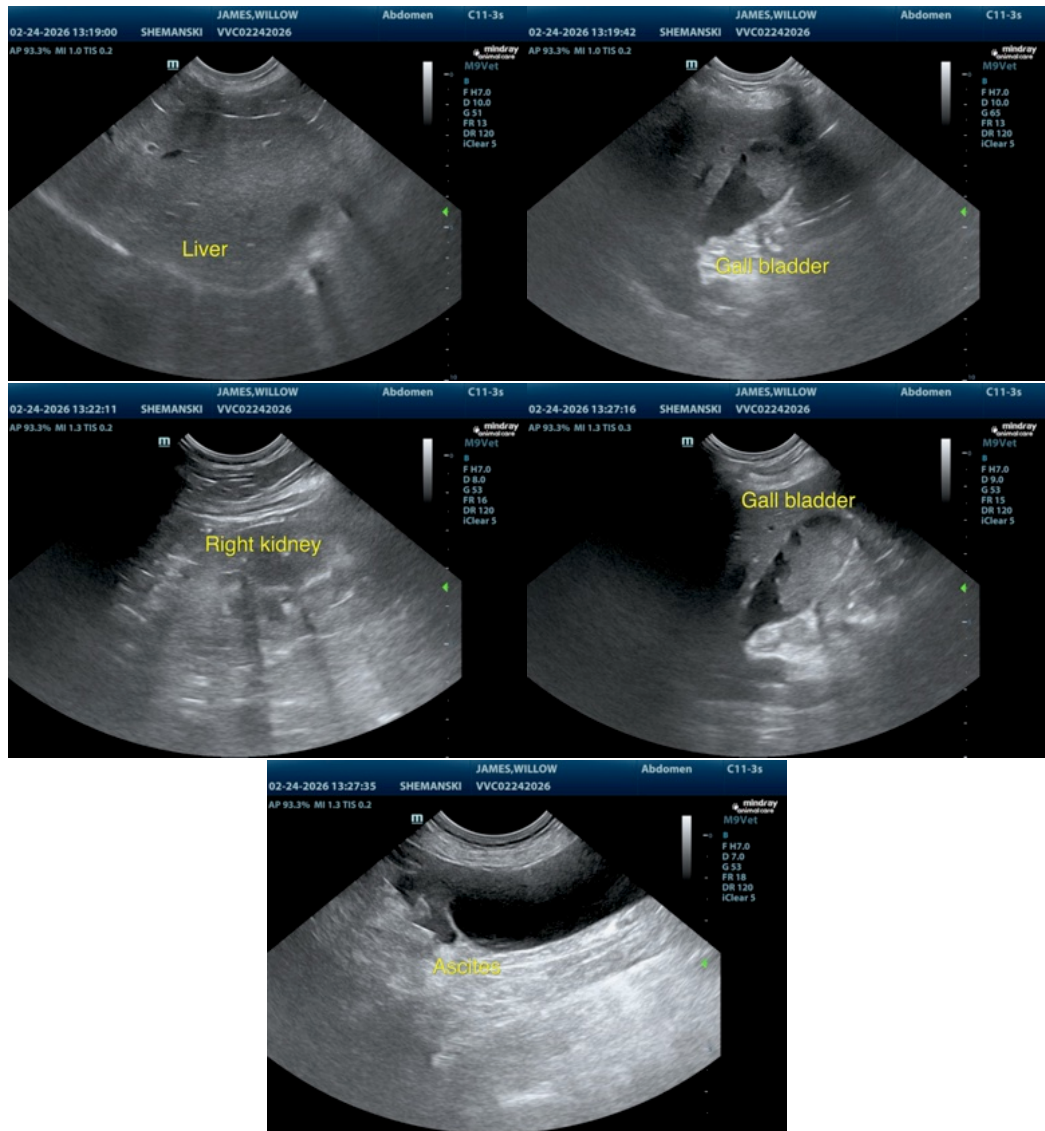
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com